Modernizing Medicaid Applications and Renewals for Older Adults and People with Disabilities in New York State

December 17, 2025

Rebecca Wallach, Esq., Director of the Evelyn Frank Legal Resources Program Rachel Holtzman, Esq., Policy Consultant





Webinar Logistics

- Everyone is on mute.
- You can post questions in the Q&A.
- We will send out a copy of the slides and a recording of the presentation to everyone who registered. You are welcome to share these materials with others!





ABOUT NYLAG

New York Legal Assistance Group (NYLAG) uses the power of the law to help New Yorkers experiencing poverty or in crisis combat economic, racial, and social injustice. We address emerging and urgent needs with comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. We aim to disrupt systemic racism by serving clients, whose legal and financial crises are often rooted in racial inequality.



About the Evelyn Frank Legal Resources Program

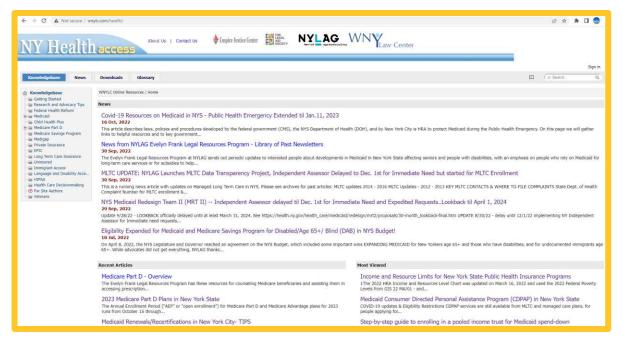
Focuses on fighting for older adults and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- Counseling client on Medicaid, Medicare and home care eligibility and services
- Training legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of seniors
- Representing clients in denials and reduction of Medicaid, Medicare Savings Program and Medicaid Home Care
- Assisting clients with accessing Medicaid home care through Managed Long Term Care plans.



EFLRP Services (continued)

 Educating the public through the website <u>www.nyhealthaccess.org</u> or <u>http://health.wnylc.com/health/</u>



- Policy Updates
- Consumer
 Materials
- Expansive resources on coverage criteria and eligibility



EFLRP Newsletter

Want to receive additional EFLRP trainings, outreach, and educational materials?

Join our network!

https://go.nylag.org/Subscribe-to-EFLRP



Agenda

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	Intro to MECM	
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	Tips for Navigating the MECM Portal	
	Tips for NYSOH Appeals	
	Where to go for Help	
	Q&A	
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MEDICAID BACKGROUND





There are 2 types of "eligibility categories" for Medicaid:

MAGI Medicaid & non-MAGI Medicaid.

What's the difference?



MAGI Medicaid

Also called:

- "Expansion" enrollees
- "Obamacare/ACA" enrollees



Under 65 without Medicare

Non-MAGI Medicaid

Also called:

- "SSI-related" enrollees
- "ABD" or "Aged, Blind, Disabled" enrollees
- "DAB" or "Disabled, Aged, Blind" enrollees



65 or older ("Aged")



Under 65 <u>and</u> has Medicare due to a disability ("Blind, Disabled")

MAGI Eligibility Groups
Pregnant Women
Presumptive for Pregnant Women
nfants and Children under 19
nfants less than 1 year
Child 1 – 5 years of age
Child 6 – 18 years of age (two levels)
New Adult Group
Childless Adults, which include individuals that:
are not pregnant
are Age 19 – 64 (19 & 20 living alone)
do not have Medicare
could be certified disabled but do not have
Medicare yet
Parents/Caretaker Relatives
19 & 20 Year Olds Living with Parents
Family Planning Benefit Program
f applying through the New York Marketplace and ar
eligible for FPBP ONLY
Child in Foster Care (Chaffee)
MAGI administered in WMS

Non-MAGI Eligibility Group		
SSI		
-SSI reci	pients	
-State S	upplement only	
SSI-rela	ted Medically Needy	
-Aged		
-Blind		
-Disable	ed	
ADC-rel	ated Medically Needy	
-Under	21 years old	
-Parent	Caretaker Relatives	
-Pregna	nt Women	
COBRA	9	
Medicare Savings Program (MSP)		
AIDS Health Insurance Program (AHIP)		
Foster (Care (IV-E or Non-IV-E)	
Medica	id Buy-In for Working People with Disabilities (Basic Group)	
	id Buy-In for Working People with Disabilities al Improvement Group)	
	id Cancer Treatment Program (MCTP): Breast and Cervical gible for MCTP if Medicaid eligible with MAGI under 138% FPL	
Circle Medical Control	id Cancer Treatment Program (MCTP):Colorectal and e (Not eligible for MCTP if Medicaid eligible with MAGI under PL)	
	ual under 26 years of age who was in Foster Care and in of Medicaid on 18 th birthday	
	nt of Home for Adults run by LDSS, OMH Residential Care //Community Residences	

MAGI Eligibility Groups

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- · do not have Medicare
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Parents/Caretaker Relatives

19 & 20 Year Olds Living with Parents

Family Planning Benefit Program

If applying through the New York Marketplace and are eligible for FPBP ONLY

Child in Foster Care (Chaffee)

MAGI administered in WMS

Non-MAGI Eligibility Group

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- -State Supplement only

SSI-related Medically Needy

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- -Blind
- -Disabled

ADC-related Medically Needy

- -Under 21 years old
- -Parent Caretaker Relatives
- -Pregnant Women

COBRA

Medicare Savings Program (MSP)

AIDS Health Insurance Program (AHIP)

Foster Care (IV-E or Non-IV-E)

Medicaid Buy-In for Working People with Disabilities (Basic Group)

Medicaid Buy-In for Working People with Disabilities

(Medical Improvement Group)

Medicaid Cancer Treatment Program (MCTP): Breast and Cervical (Not eligible for MCTP if Medicaid eligible with MAGI under 138% FPL)

Medicaid Cancer Treatment Program (MCTP):Colorectal and Prostate (Not eligible for MCTP if Medicaid eligible with MAGI under

138% FPL)

Individual under 26 years of age who was in Foster Care and in receipt of Medicaid on 18th birthday

Resident of Home for Adults run by LDSS, OMH Residential Care Centers/Community Residences

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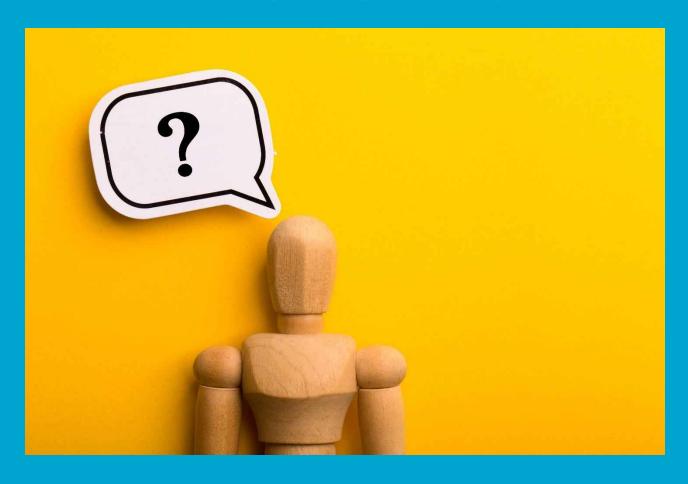
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MAGI Eligibility Groups egnant Women Presumptive for Pregnant Women **Income Limit = 138%** of the Federal **Poverty Level (FPL)** Calculates income = Parents/cusing tax rules **Asset Limit = None**

Non-MAGI Eligibility Group SI recipients Income Limit = 138% of the Federal Poverty Level (FPL) Calculates income = using SSI-related rules (Not eligible for MCTP if Medicald eligible with MAGI under 138% FPL) Medicaid Asset Limit = Yes oldrectal and Resident of Home for Adults run by LDSS, OMH Residential (& sters/Community Residences

INTRO TO MECM





Who does this affect (as of 12/1/25)?

Applications for either or both of the following:

- Non-MAGI Medicaid cases <u>without</u> any of the following:
 - chronic care budgeting
 - long term care
 - pooled income trusts
 - surplus ("spend down")
- MSP (Medicare Savings Program)

Case Transfers:

 ~13,000 non-MAGI cases on NYSOH (that meet criteria above) were transferred to MECM. These cases had a 12/1 renewal date on NYSOH.



Who will this affect (in the future)?

- The aim is to eventually bring <u>all</u> populations currently at the LDSS/HRA, to MECM. This will happen in "waves" but details have not yet been announced.
- Over the next year, all of the approximately 150,000 non-MAGI cases on NYSOH (E14 waiver) will be all brought over to MECM.



What is the Medicaid Eligibility and Client Management system (MECM)?

- MECM is a back-end <u>eligibility</u> system.
 - "Eligibility system" means the system that processes applications and renewals to determine eligibility. You can think about this as the door someone must go through to get Medicaid.
- This is a multiyear project from 2023 to 2032 to migrate non-MAGI eligibility from LDSS/HRA (which use WMS) to NYSOH (using MECM).
- New York contracted with Deloitte to develop MECM.
- MECM handles <u>applications</u> and <u>renewals</u> for non-MAGI Medicaid and MSP. In the future, additional populations will be included.
 - MECM does <u>not</u> handle services, like approving someone's physical therapy or reducing someone's homecare hours.



When does this go into effect?

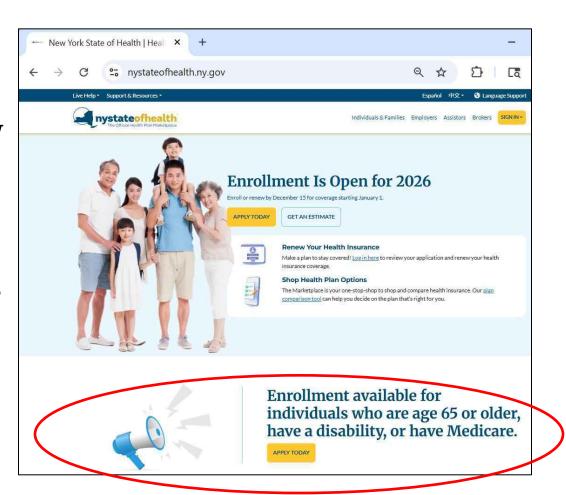
- **September 30, 2025**: MECM had a "soft launch" with the help of the NYSOH Call Center and three DOH-chosen MECM Assisters.
- **December 1, 2025**: MECM became publicly available online, through NYSOH. People can submit applications online.
- February 1, 2026:
 - Additional cohorts of Medicaid cases on NYSOH will be transferred to MECM every month, in alignment with their renewal date.
 - Cases from LDSS/HRA will be transferred to MECM every month, in alignment with their renewal date.

***LDSS/HRA will continue to process paper applications, including for people who <u>could</u> use MECM!



Where does MECM live?

- MECM will be integrated into NYSOH, or the New York State of Health.
- Some clients may not realize they are in the new MECM system!



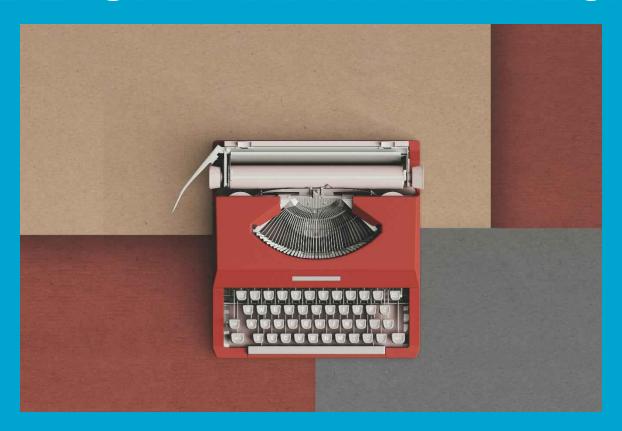


Why make this change?

- Self attestation + nudge engine + seamless data match
 - Users can self attest to some information without documentation, and the system will check other data sources to verify.
 - Users will be prompted to provide more information when the system can't verify from other data sources.
- Quicker results
 - There will be quicker eligibility determinations and more administrative ("ex parte") renewals. Some will happy same day! 93% of new applications received real-time eligibility determinations.
 - Administrative renewals happen automatically in the system without the Medicaid enrollee having to do any paperwork. (Goodbye renewal packets!)
- Higher MSP enrollment
 - Nationwide, only 60% of eligible people are enrolled in MSP.
- Legacy System (WMS) is outdated



MEDICAID ELIGIBILITY SYSTEMS BEFORE AND AFTER MECM





What were the two Medicaid eligibility systems in New York State (before MECM)?



Welfare Management System (WMS)



Older (legacy) system

Developed in the 1970s

Used by Local Departments of Social Services (LDSS) and HRA

New York State of Health (NYSOH)



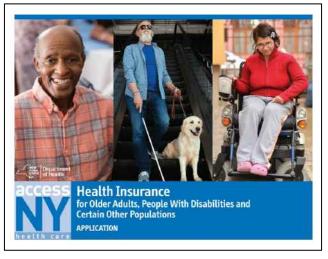
Newer system

Developed in 2010s

How did these two eligibility systems handle Medicaid <u>applications</u>?

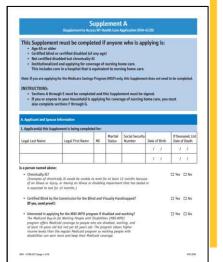


The Non-MAGI Medicaid application is filled out by hand and submitted to LDSS/HRA.



DOH 4220

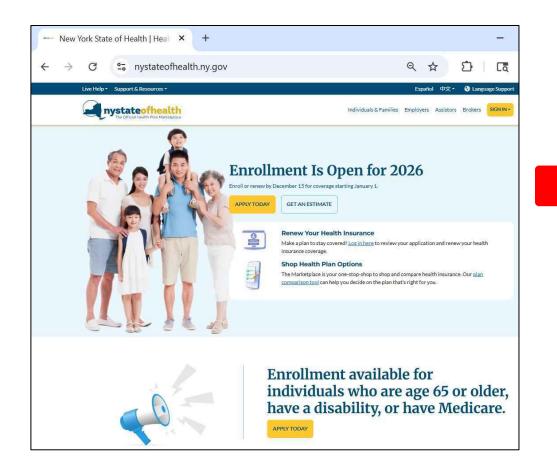






The LDSS/HRA eligibility system, called Welfare Management System ("WMS"), runs the application to determine if the person is eligible for non-MAGI Medicaid.

The MAGI Medicaid application is filled out online on NYSOH and submitted to NYSOH.



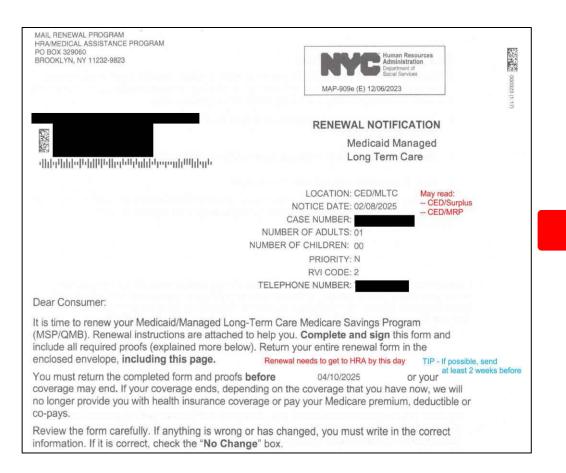


The NYSOH eligibility system, called NYSOH, runs the application to determine if the person is eligible for MAGI Medicaid.

How did these two eligibility systems handle Medicaid <u>renewals</u>?



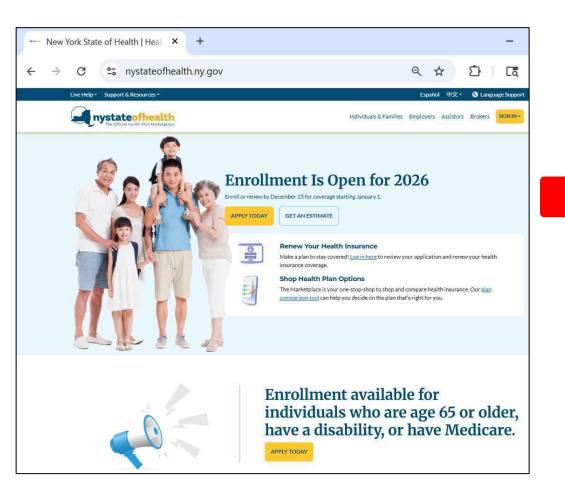
The Non-MAGI Medicaid renewal is filled out by hand and submitted to LDSS/HRA.





The LDSS/HRA eligibility system, called Welfare Management System ("WMS"), runs the renewal to determine if the person is still eligible for non-**MAGI** Medicaid.

The MAGI Medicaid renewal is filled out online on NYSOH and submitted to NYSOH.





The NYSOH
eligibility system,
called NYSOH,
runs the renewal
to determine if the
person is still
eligible for MAGI
Medicaid.

MECM is now the <u>third</u> eligibility system in New York...

How does that work?





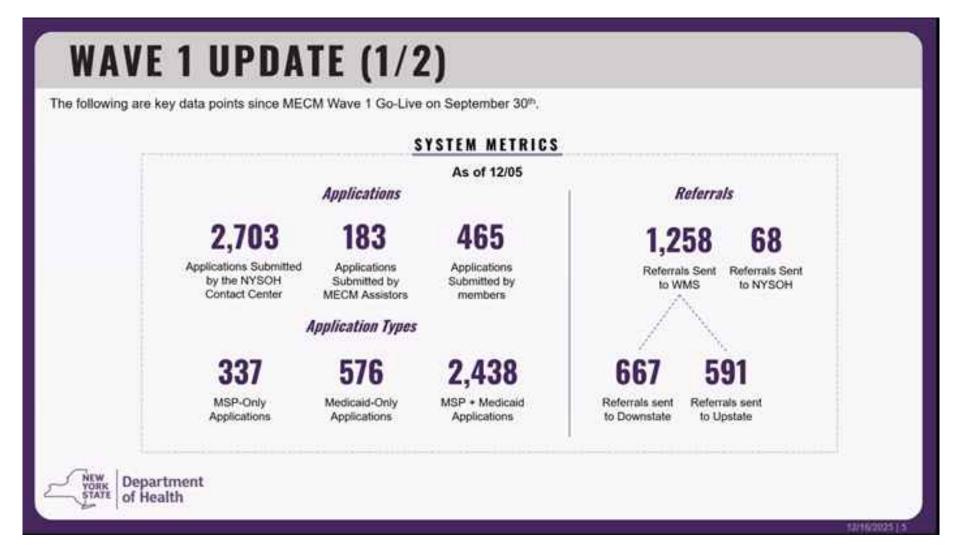




How is it going so far?



Data about <u>applications</u> on MECM from September 30 – December 5, 2025:



TIPS FOR FINDING WHERE YOUR CLIENT'S CASE "LIVES"







MEDICAL ASSISTANCE PROGRAM MANAGED LONG TERM CARE(CASA) 785 ATLANTIC AVENUE, 7TH FLOOR BROOKLYN, NY 11238

care services, will be discontinued.

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

PROGRAM CODE = 5H9

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER: N006KF4829		DATE: Notice Date September 19, 2019		CASE NUMBER:		
OFFICE 5H9	UNIT	WORKER 5H9KS		UNIT OR WORKER NAME MANAGED LONG TERM	CARE-CASA	TELEPHONE NO. 888-692-6116
	ENCY TELEPHO		RS	CASE N	IAME / AND A	ODRESS
	L TELEPHONE NO ESTIONS	718-557	-1399	9		
OR Ag	ency Conference	718-637	-2426	6		
info	r Hearing ormation and sistance	718-637	-2426	5 		
Re	cord Access	718-637	-2425	5		<u>.</u>
Chi	ild/Teen alth Plan	718-557	-1399	9		
***** * Eve * of * Ass	en though you your case may sistance cover	are no lo be eligi age. Ple	nger ble f ase r	eligible for Medical for continuation/extended this entire not	Assistancension of the	e, some members * heir Medical * *
We will	discontinue	Medicaid (effec	tive October 2, 2019	Effe	ctive Date
HOWEVER WANT YO also re will no	You have 60 YOU MUST REQ OUR MEDICAID T equest an info	days from UEST A FA: O CONTINUI Imal local Continuation	m the IR HE E UNC l con on of	you disagree with and date of this notice are the EFF CHANGED UNTIL THE FAIR ference. A request benefits and does not the control of the cont	to request FECTIVE DATE TR HEARING I	t a Fair Hearing. E ABOVE IF YOU DECISION. You may
We are	discontinuing	Medicaid form by Se	beca	use you or your repr	esentative	did not return

If your Medicaid is discontinued, all your Medicaid services, including your home



NOTICE OF ACCEPTANCE OF YOUR MEDICAL ASSISTANCE APPLICATION/RECERTIFICATION

Melissa Neal

(Home Care Services/Managed Long Term Care)



		DATE 1	2/24/202	4		
		CASE NUMBER				
		If	*	e any questions, at 1-888-692-6116 ECK PROGRAM AREA	call HRA Helpline	
			Home	Care Services Program	n	
		V	Manag	ed Long Term Care P	rogram	
Dear Consumer: We are sending you this notice to tell you tha	t the Medical Assist	ance Program v	rill:			
ACCEPT your Medicaid application/rec	ertification for full	Medicaid covera	ge from:			
For the following person(s):					_	
ACCEPT your Medicaid application/red	ertification with a	penddown (exc	ess/ surp	lus income) from:	12/01/2024	
For the following person(s):	I R.				_	
We have certified that you have a continuing r	need for Home Ca	re/Managed	ong Te	rm Care Services.		
WE HAVE DETERMINED YOUR SPENDDOWN AS	S FOLLOWS:			NOT SEND ANY MON HORTLY. FOLLOW INS	IEY TO MEDICAID. YOU TRUCTIONS ON THE	
A. Total monthly income	\$ 10,523.4	2		Your MA application/		
B. Total monthly deductions	\$ 3,417.22			accepted with a surplus. Your poole under review.		
C. Net Medicaid income (line A minus line B)	\$ 7,106.20					
D. Medicaid level for your household size \$ 2,351.0			accepted with a surp		/conversion has been plus. (See the attached ional information needed	
E. Monthly Excess Income (line C minus line D)	\$ <u>4,755.20</u>			for the pooled trust re		
You are required to pay your full excess (surp the agency providing your Home Care/Mana retroactive to the date indicated above and ma	ged Long Term Care	services. You	will rece		each month to	
This decision is based on Social Services Law	or Regulation: 1	8 NYCRR 366a(2)			
WORKER	TITLE			SECTION		

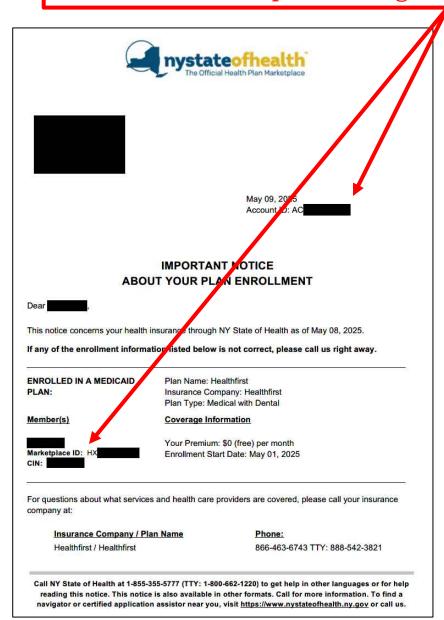
YOU HAVE THE RIGHT TO APPEAL THIS DECISION

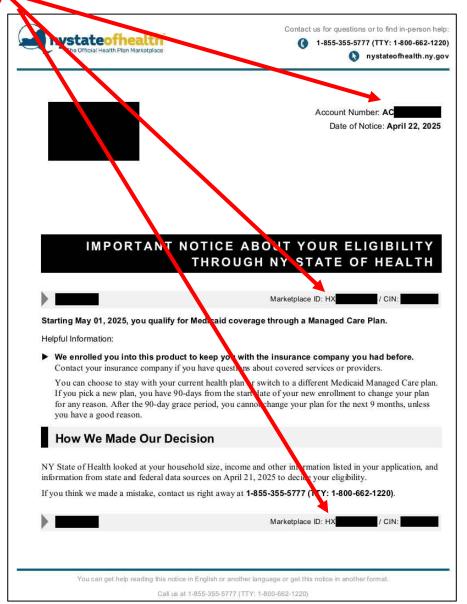
MLTC

We will review this decision with you if you call us at 718-637-2426 and ask for a Local Conference. You also have the right to ask or a State Fair Hearing. You must request a State Fair Hearing within 60 days of the date on top of this notice. You must meet this deadline to request a State Fair Hearing even if you ask for a Local Conference first. The State Fair Hearing is held by the NYS, OTDA, Office of Administrative Hearings.



Each <u>NYSOH</u> case number begins with the letters "**AC**" and each has a Marketplace ID beginning in the letters "**HX**."







Each <u>MECM</u> case number begins with the letters "**MC**" and each has a Member ID beginning with the letters "**PX**."



Contact us for questions or to find in-person help 1-855-355-5777 (TTY: 1-800-662-122) nystateofhealth.ny. jov

Case Number: MC
Date of Notice: August 18, 7025
Submission Date: August 18, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

Member ID: PX / CIN:

Decision About Your Benefits

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

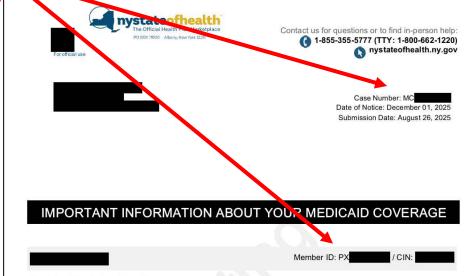
Action Needed:

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid eard). This can be at any provider that takes Medicaid.

Make sure your providers accept Medicaid. To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

Helpful Information:

- You may get your health insurance premiums paid by Medicaid. If you are enrolled or can enroll in
 employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your
 resource information, which we will use to confirm whether you still qualify. We will contact you if you
 need to send in additional proof of your resources.



Decision About Your Benefits

You do not qualify for Medicaid without Long Term Care after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for Medicare Savings Program - Qualified Medicare Beneficiary after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

Helpful Information:

- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You
 will get a separate notice confirming that your health plan coverage has ended.

How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at 1-855-355-5777 (TTY: 1-800-662-1220).



RENEWALS FOR FIRST BATCH OF CASE TRANSFERS FROM NYSOH TO MECM



Renewals for first batch of <u>case transfers</u> from NYSOH to MECM

September 30, 2025

 Roughly 13,000 non-MAGI Medicaid enrollees were transferred from NYSOH to MECM. These cases all had 12/1/25 renewal dates on NYSOH.

December 5, 2025

- MECM ran the renewal for the 13,000 people transferred from NYSOH to MECM. The MECM system <u>first</u> reached out (behind the scenes) to state and federal data sources to try to get the information needed for the renewal. (This could only be done for those who had given AVS consent.)
- 33% were ex parte renewed! This means that all the info needed <u>was</u> <u>fully available</u> on state and federal data sources, so MECM could "administratively renew" the case without the recipient doing anything.
- **67%** (approximately 9,043) were sent a letter to manually renew. The letter is NYSOH-branded and the consumer must complete renewal by 1/15/26.

Renewals for first batch of <u>case transfers</u> from NYSOH to MECM (continued)

January 16, 2026

- For any of those 9,043 people who have not completed their renewal by 1/15, MECM will generate a notice (branded as NYSOH) informing them that their coverage will terminate on 1/31.
- The person has the right to appeal with aid continuing!

FYI on Notices

• Renewals will be sent out in the **mail**, unless their communication preference is set to "electronic," in which case the person will receive the notice via **email**. MECM will also generate **text** reminders for renewals, similar to what NYSOH does on other cases.





(A) 1-855-355-5777 (TTY: 1-800-662-1220)



nystateofhealth.ny.gov



All decisions described in this notice are based on information about you from state and federal data sources obtained as of March 04, 2025.

March 05, 2025 Account ID: AC

Stay Covered! Complete the Renewal for Health Coverage Today!

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

It is important that you take the steps for each person listed in this notice. If you miss the deadline to pick a new health plan, you are at risk of not having health insurance coverage for the upcoming year.

Log in at www.nystateofhealth.ny.gov to make any changes.

It is renewal time and NO ACTION is required for the following individuals:



Marketplace ID: HX

CHANGE IN ELIGIBILITY:

You qualify for Medicaid coverage for the treatment of emergency medical conditions only, effective May 01, 2025.

This is a NYSOH renewal notice (see "AC" and "HX" identifiers).

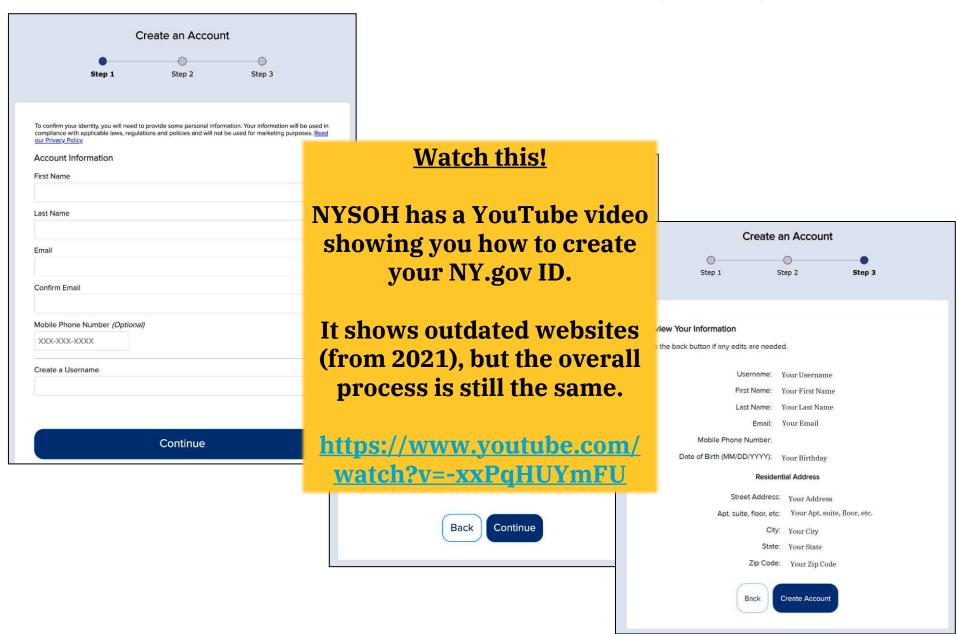
The MECM renewal notice will have "MC" and "PX" identifiers.

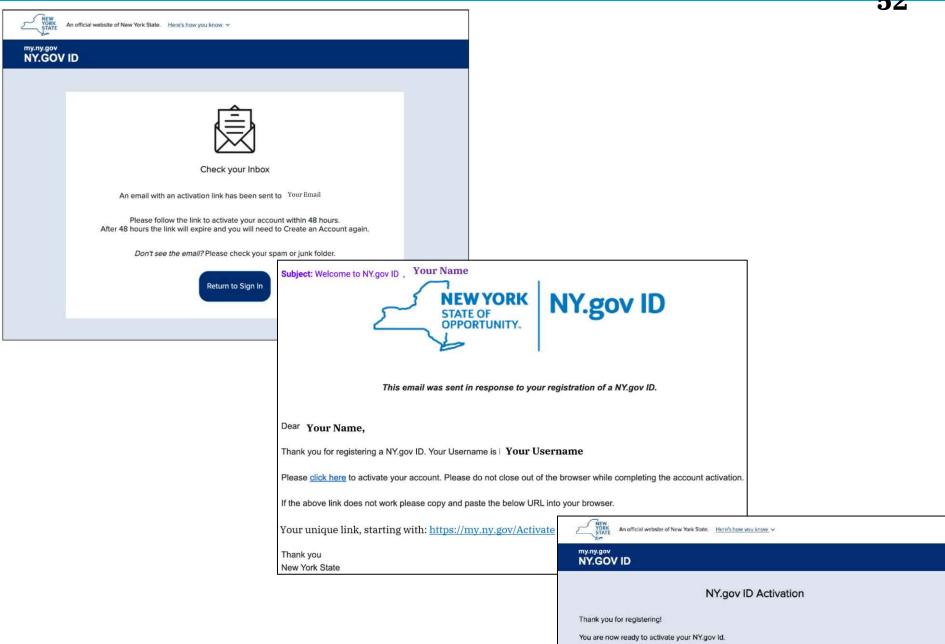
TIPS FOR NAVIGATING THE MECM PORTAL





Tip: Create an Account (Including NY.gov ID)

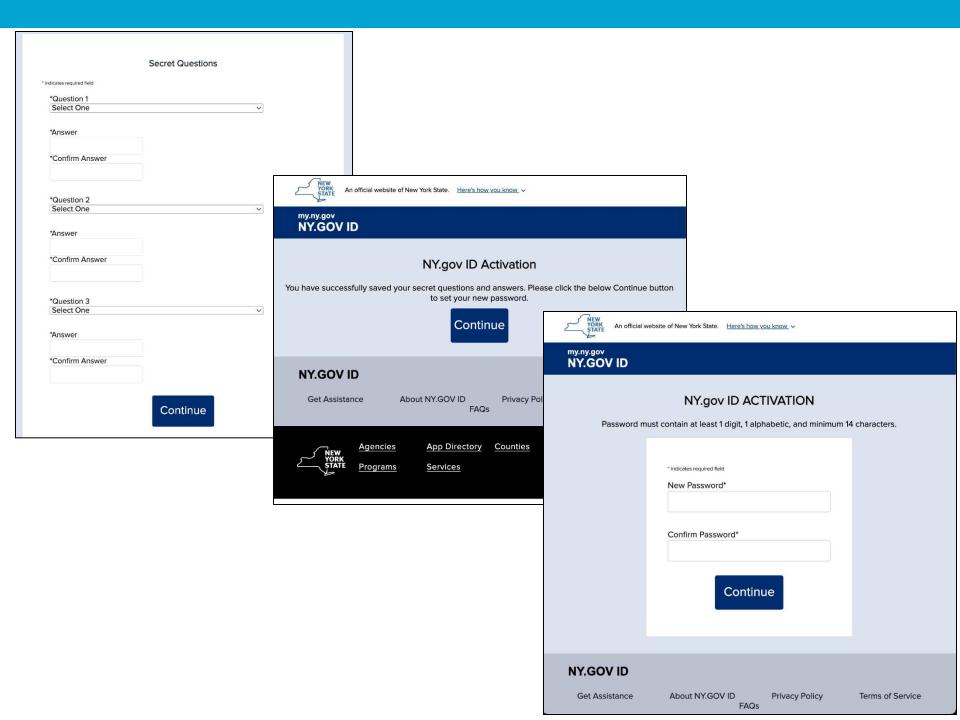


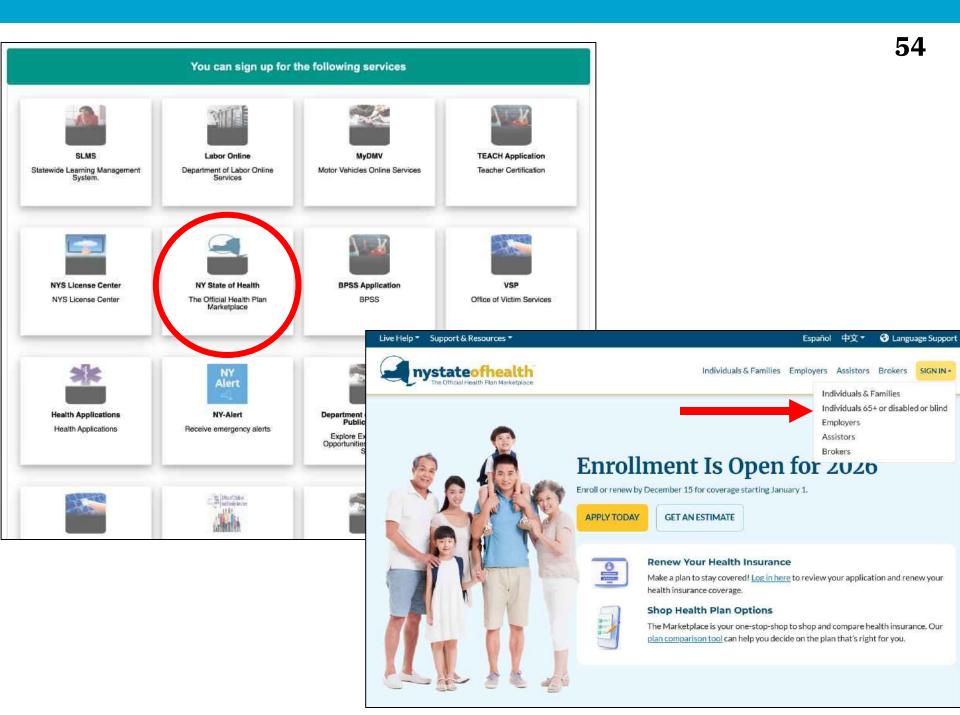


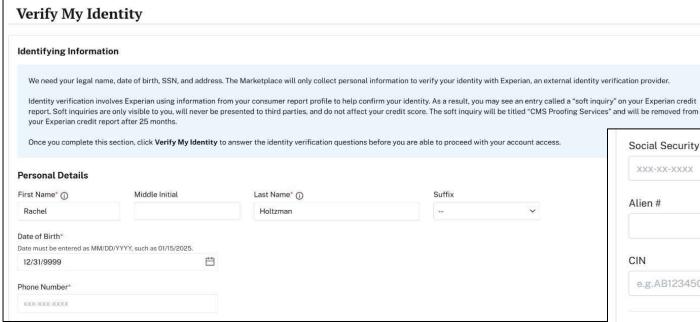
During this process, you will need to

Set 3 valid secret questions and answers.

· Set a new password.

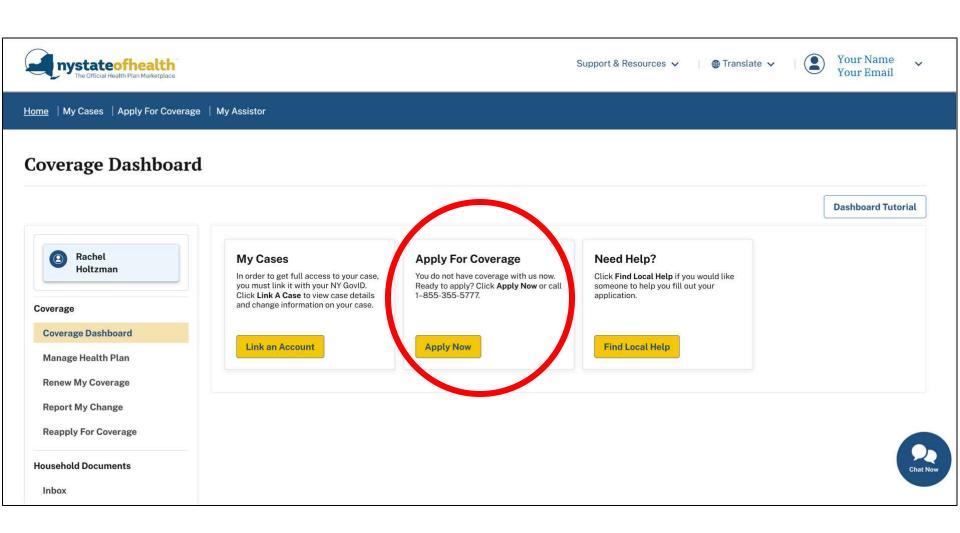






(These screenshots are from the same page)

XXX-XX-XXXX		
Alien#		
CIN		
e.g.AB1234	5C	
Address		
Address Line	1 🛈	
105 Johnson	Street	
Address Line	2 (i)	
Apt 305		
City		
New York		
State	Zip Code	
NY	~	





Tip: Use the Navigation Bar



Look at the top of your screen to see how far along you are in the application, and to click on different sections if you want to jump between them.

Tip: Look at the Icons Across the Top

A grey circle means you have <u>not</u> started that page.

A green circle (with no check mark) means you have <u>started</u> that page.

A green circle (with a check mark) means you have <u>filled in</u> the information requested on that page.

Normal (not bolded) text means you are <u>not</u> on that page.

Bolded text means you are on that page.

Account

Holder

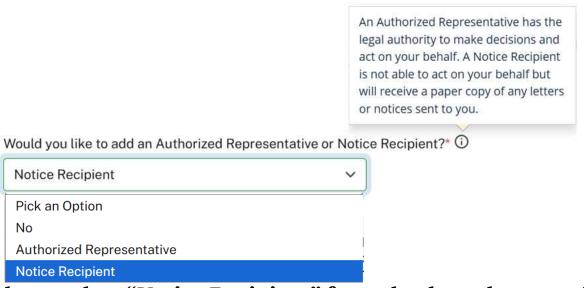
Account

Holder

Tip: Add a Notice Recipient



In the "**Account Holder**" section of the application, the very first question is "Authorized Representative completing this application for someone else, or are you completing this application for yourself or someone in your household?" If you click "Self," then the application will automatically add another question which reads:



We recommend you select "Notice Recipient" from the drop-down, and fill out their contact information later on the page. This will allow someone else to receive a paper copy of all letters and notices that NYSOH sends to the applicant/recipient, which may help prevent missed communications/updates.

Tip: Add an Authorized Rep?



An Authorized Rep is usually a family member or a guardian who can make decisions about coverage, provide documents, and speak with NYSOH directly about the case.

You can add them using the NYSOH online application, on the "Account Holder" page.



An Authorized Representative can be someone who is helping you complete this application or it can be someone that, with your permission, can make decisions and talk to us on behalf of your household. If you want an Assisting Person to help you, you can tell us what you want your Assisting Person to help with.

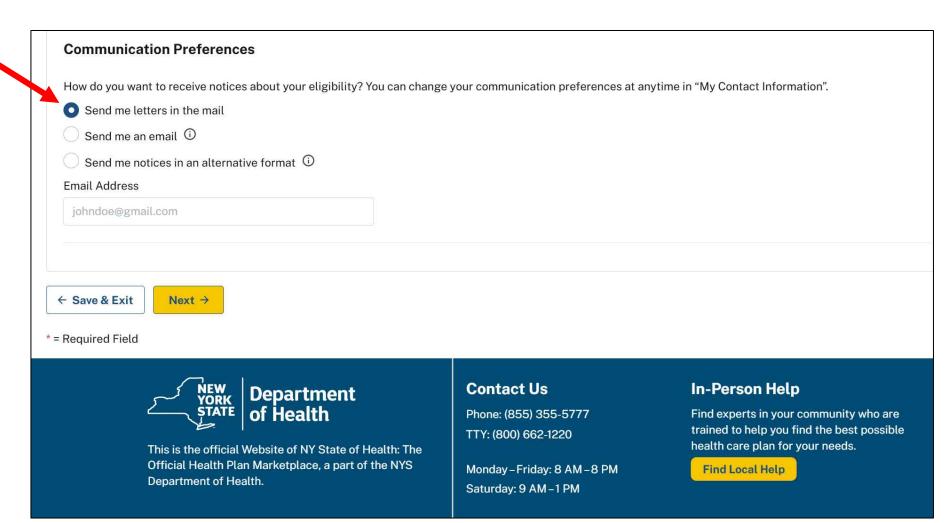
Adding an authorized representative at application will prevent a real-time determination because the paperwork must be verified.

And/or you can use the forms:

- DOH-5085 ("Authorized Representative Designation") and
- DOH-5087 ("Authorized Representative Identify Verification")

Both forms are available online here: https://nystateofhealth.ny.gov/forms

Tip: Keep option for paper notices



Tip: Pay Attention to "Healthcare Needs"



In the "**Healthcare Needs**" section of the application, it asks the following questions:

- Does anyone applying today have Medicare?
- Click on the checkbox(es) to tell us which program(s) [name] is applying for today?
 - Medicaid
 - Medicare Savings Program (MSP)
- Would you like to apply for coverage for the retroactive period and/or reimbursement for bills you have paid?
- Does anyone in the household receive Supplemental Security Income (SSI)?
- Does anyone in the household receive Temporary Assistance (TA)?
- Is anyone in your household in a medical facility now and expected to be there for at least 30 days?
- Does [name] need Medicaid coverage of community-based long-term care services?
- Does [name] need Medicaid coverage of nursing home care?

Please select Yes if the individual is in need of long-term care services and would like Medicaid to help cover these services. Long-term care services include, personal care services, home health care, adult day care, respite care, and supportive services such as transportation and meal delivery.

We recommend you pay extra close attention to this page, since the answers differentiate between the cases that can live on MECM and those that cannot (and must be referred to NYSOH or the LDSS).

Tip: Add Comments (if needed)



In the "**Income**" section of the application, there are five pages to fill out: Reporting Household Income, Summary of Household Income, Earned Income, Household Income Summary, and Additional Details. Each allows you to click "Add Comments to Your Application" at the bottom of the page, which produces a pop-put box you can use to provide more information about your income.

We recommend you do this to clarify anything complicated, nuanced, or otherwise not 100% clear about your application, such as exempt income.

(Ex: Dividends and interest earned on savings accounts, including exempt Holocaust restitution accounts; one third of child support received by disabled or blind child from absent parent, etc.)

You may enter an explanation of your income here, if needed. Do not include any sensitive or health related information.

Any information you provide may be visible to NY State of Health and Department of Health staff.

Add Comments to Your Application ①

Add a Comment		×
Add or modify your comment below. You ca this link at the bottom of your screen during edit your comments at the end of your Appl	your Application. You will be abl	
Comments		0/2000
*		
	Cancel	Save

Tip: Upload Documents

At various parts of the application, you will be asked to upload documents.

You can do so:

- 1. Via mail
- 2. Via fax
- 3. On nystateofhealth.org from your computer or phone
- 4. Using the NYSOH Mobile Upload app



Watch this!

NYSOH has a YouTube video showing you how to upload documents.

It shows outdated websites (from pre MECM), but the overall process is still the same.

https://www.youtube.com/watch?v=WIZ_OG1nlLs



TIPS FOR NYSOH APPEALS





Medicaid Fair Hearings Landscape







	NYSOH	MECM	LDSS/HRA
Eligibility Hearings	NYSOH	NYSOH	OTDA
Service Hearings	OTDA	OTDA	OTDA

How to Appeal a NYSOH denial, reduction, or discontinuance

Formal Appeal also called Fair Hearing

Informal Dispute Resolution ("IDR")

also called

Agency Conference

TIP: These two processes can and should be pursued simultaneously. This is especially important for a reduction or discontinuance when a client needs Aid Continuing. The IDR process does **NOT** get a client Aid Continuing.



How to Appeal a NYSOH denial, reduction, or discontinuance

Informal Dispute Formal Appeal Resolution ("IDR") also called also called Fair Hearing **Agency Conference**



Option #1: Fair Hearing Process

Request *ATC You within 10 receive a days from the date of NYSOH notice the notice saying you OR are not anytime eligible or before the no longer effective eligible for date of the Medicaid notice. or MSP. TIP: request via fax.

Fair
Hearing
deadline:
Must be
request a
within 60
calendar
days from
the date of
the notice.

Look in the mail for NYSOH letters: (1) confirming your request for a Fair Hearing, and (2) telling you the date and time of the Fair Hearing.

Submit evidence to NYSOH before your Fair Hearing.

Make sure your phone is fully charged with the ringer on high volume. The Hearing Officer will call you for your Fair Hearing.

*ATC = Aid To Continue. This keeps your Medicaid or MSP coverage as it was before the notice, while you wait for a final decision on the appeal. In other words, this keeps your benefits on while you try to fix the issue! (More on next slide.)



Request ATC Before Effective Date of Notice

- The **effective date of the notice** is probably the most important date you will encounter.
- A fair hearing must be requested before the effective date of the notice to get Aid To Continue.
- Aid To Continue means:
 - NYSOH is required to continue your benefits while wait for the fair hearing decision.
 - Your Medicaid case or MSP case must stay open!

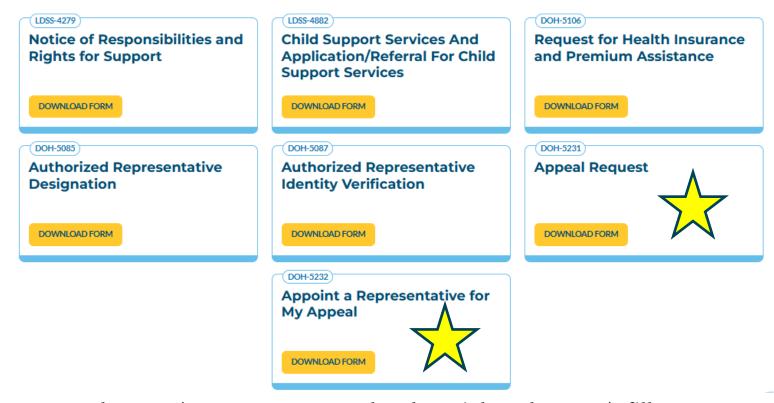


Legal Assistance Group

Clients Must Check Mail and Keep Envelopes

- ADVOCACY TIP: Advise clients to keep their envelopes! The postmark date establishes timeliness. Without the envelope, check the notice date and proposed effective date.
- Timely Notice of Intent (NOI) must be sent *at least* 10 calendar days before the effective date of a reduction or discontinuation.
 - Legal citation: 18 NYCRR § 358-2.23.
- Lack of notice, or lack of timely notice, tolls the statute of limitations (deadline to request a hearing) and Appellant should prevail at the fair hearing.

Important Forms during Appeals https://nystateofhealth.ny.gov/forms



If you are an advocate (e.g., attorney, paralegal, social worker, etc.), fill out **DOH-5231** and **DOH-5232** and fax them to NYSOH (**1-855-900-5557**).

Keep the fax confirmation receipt as proof!



Appeal Request

(DOH-5231)



New York State Department of Health Appeal Request - Instructions NY State of Health INSTRUCTIONS TO HELP YOU COMPLETE A NY STATE OF HEALTH APPEAL REQUE New York State Department of Health Appeal Request NY State of Health Timeframe to request an appeal Tell us about the person who is requesting this appeal (also called the "appellan Ask us to continue your eligibility or coverage during your appeal. You must submit your appeal request within 60 days of the date on the NY State are appealing. Continue my eligibility or coverage until the Appeals Unit of NY State of Health makes a decision about my appeal. Name FIRST NAME MIDDLE NAME LAST NAME Checking the above box means that your eligibility or coverage will stay the same until a decision is made about your appeal. Address Daytime pl If you are covered by Medicaid, you will continue to be covered by Medicaid. If you are enrolled in the Essential Plan or How to submit this form APARTMENT OR SHITE NUMBER Child Health Plus, or receive tax credits to help pay for coverage, the level of help you receive will stay the same. Complete and sign the form, and attach copies of any supporting documents. Also STATE 71P CODE IMPORTANT: If you lose your appeal you may be responsible for the cost of your coverage during this period. You may submit this form in any of the following ways: If other members of your household are appealing, write their names and dates of birth below. Use Ask to fast-track (expedite) your appeal. Note: The outcome of an appeal could change the eligibility of other members of your household, ex . Upload the form by logging into your account on our website (www.nystateo If you have an immediate need for health services and a delay would seriously jeopardize your life, health, or ability to gain, eligibility determinations. Fax the form to 1-855-900-5557; maintain, or get back maximum function, you can ask for an expedited (faster) appeal. Name Date of bi · Mail the form to: FIRST NAME, MIDDLE NAME, LAST NAME I need an expedited appeal. Name Date of bi NY State of Health Appeals Unit Please explain the reason you need an expedited appeal. Use extra paper, if necessary. You must include medical documents like a FIRST NAME MIDDLE NAME LAST NAME doctor's note to support your request. Please send us copies, Keep all original documents. P.O. Box 11729 Name Date of bi Albany, NY 12211 FIRST NAME, MIDDLE NAME, LAST NAME You can also make a request by calling us at 1-855-355-5777 (TTY: 1-800-662-1) SECTION 2 Tell us why you are appealing. If you call us, you do not need to send us this form. What is the notice date? (if applicable) What is the NY State of Health Account ID # (printed Keeping your coverage during your appeal Generally, you may appeal the following NY State of Health determinations. Check all that apply. If you would like to keep your eligibility and coverage while the Appeals Unit dec NY State of Health determined that I was not eligible for: it by checking the box in Section 4. We will send you a notice telling you if we app (Select statements that apply based on your NY State of Health eligibility notice.) IMPORTANT: If you lose your appeal you may be responsible for the cost of your Medicaid, Essential Plan, or Child Health Plus this period. Financial Assistance (premium tax credits or cost sharing reductions) Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health plans through NY State of Health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open Enrolling in or changing health outside a regular Open SECTION 6 Signature Fast-tracking (Expediting) your appeal Reimbursement of health insurance premiums Please sign this form to complete your appeal request. If someone other than the appellant is signing, please indicate your In Section 5, you must say why you need to fast-track it. For example, if your healt I disagree with the amount of financial assistance relationship to the appellant. worse with the normal wait for a hearing, you should ask us to fast-track the proc (premium tax credits, cost sharing reductions, or Child Health Plus or Essential Plan premium an Signature note from your doctor backing up your reason for needing to fast-track your appear NY State of Health did not provide me a timely eligibility determination after I applied. Print your name Enter the date of your application, if applicable. How to get help with this form Relationship to the Appellant Tell us more about why you are requesting this appeal (optional). Use extra pape Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help readi or other languages or to get this form in other formats like large print. DOH-5231 - Instructions (12/16)

DOH-5231 (12/16) page 2 of 2

DOH-5231 (12/16) page 1 of 2

Appoint a Representative for My Appeal

(DOH-5232)



New York State Department of Health NY State of Health

Appoint a Representative for My Appeal – Instructions

You have the right to choose a representative to help you with your appeal.

If you want to appoint an appeal representative, complete and submit this form. This form allows your appeal representative to act for you on issues related to your appeal. This form also allows NY State of Health to talk to your appeal representative about your appeal and give your appeal representative information about you. You should choose someone you trust to be your appeal representative.

Your appeal representative can be an authorized representative, a lawyer, a relative, a friend, or another trusted person.

It is important for you to know:

- · You do not need to have an appeal representative to qualify for health insurance.
- · You do not need to have an appeal representative to make an appeal.
- If you want to have an appeal representative, you must allow your appeal representative to have access to your
 personal information and information about your health insurance plan.
- Your appeal representative may not be legally required to keep your personal and health insurance information confidential

The person you choose will stay your representative through the whole appeals process, unless you tell us to remove him or her. To change or remove your appeal representative, or for more information, call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

This form is good for one appeal at a time. If you ask for another appeal, you must fill out this form again.

Note: An appeal representative is not the same as an authorized representative. If you want someone to be able to sign your health insurance application, submit an update, respond to a redetermination, or act on your behalf with NY State of Health on any issues not related to your appeal, you must choose an authorized representative. To choose an authorized representative, complete form DOH-5085 Authorized Representative Designation Form.

Authorized representatives, legal guardians, those who you have given power of attorney, and others who have legal authority to act on your behalf may sign this form for you if you have given them the power to do so. To let NY State of Health know about these people, follow the instructions on form DOH-5085 or upload to your account the legal document giving someone else the authority to act on your behalf.

How to submit this form

Keep a copy of this for your records. You may submit this form in any of the following ways:

- Upload the form by logging into your account on our website (www.nystateofhealth.ny.gov);
- Fax the form to 1-855-900-5557;
- · Mail the form to:

NY State of Health Appeals Unit

P.O. Box 11729 Albany, NY 12211

How to get help with this form

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help reading this form in English or other languages or to get this form in other formats like large print.

DOH-5232 - Instructions (12/16)

	alth		4	ative for My Appe
SECTION 1	Information About You			
Name	IE. MIDDLE NAME. LAST NAME			
	alth Account ID: AC			
Date of birth	attii Account ID. AC		-	
	IM/DD/YYYY			
SECTION 2	Information about Your Represent	ative		
Name				
	ME, MIDDLE NAME, LAST NAME			
Mailing addres	S STREET OR PO BOX		ADADTMENTOS	SUITE NUMBER
	STREET ON PU BOX		AFARTMENTOR	SOLIE NOMOCK
Phone number Organization r SECTION 3	AREA CODE ame (if applicable) Your Signature			
	ow, you allow the person in Section 2 sign your appeal request; al information about your appeal; ou on all future matters related to this s	appeal; and		
get offici act for yo have acc Note: Signing	ess to your personal and insurance inf this form does not authorize your repr		our NY State o	f Health account.
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DOH-5232 (12/16)

How to Appeal a NYSOH denial, reduction, or discontinuance

Formal Appeal

also called

Fair Hearing

Informal Dispute Resolution ("IDR")

also called

Agency Conference



Option #2: Agency Conference Process

- In <u>addition</u> to requesting a Fair Hearing with Aid To Continue (previous slide), you can try to resolve your issue through the Informal Dispute Resolution ("IDR") process.
- To do this, call the NYSOH Call Center (1-855-355-5777) and say "I want to request an agency conference" or "I want to file a claim/dispute about my eligibility."
- You'll get a ticket number (write it down), and then you'll tell them what you think the issue is/why they did something wrong. Make sure to tell them details, including names, dates, phone numbers, etc.
 - If NYSOH fixes the issue, you're all set! Get a notice.
 - If NYSOH <u>cannot</u> fix the issue, you'll move forward with the Fair Hearing.



WHERE TO GO FOR HELP



NYSOH call center (M-Fr 8am-8pm, Sat 9am-1pm):

1-855-355-5777

HIICAP counselors:

1-800-701-0501

Medicare Rights Center:

800-333-4114

800-480-2060

Free help

EFLRP: eflrp@nylag.org

MECM Assistors

FE-ABDs:

www.health.ny.go v/health_care/me dicaid/fe_abd.ht m NYSOH call center (M-Fr 8am-8pm, Sat 9am-1pm):

1-855-355-5777

HIICAP counselors:

1-800-701-0501

Medicare Rights Center:

800-333-4114

Free help

EFLKP: eflrp@nylag.org **MECM Assistors**

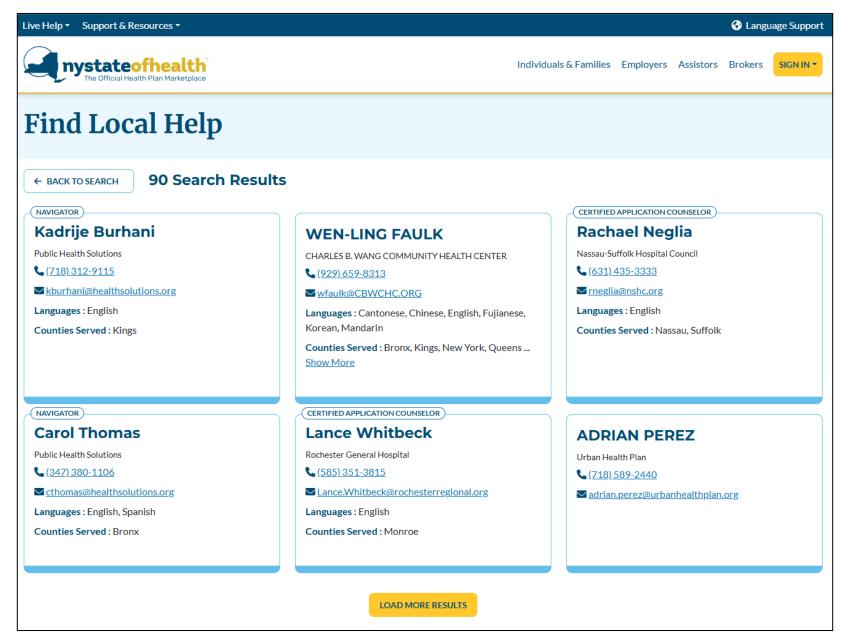
FE-ABDs:

www.health.ny.go v/health_care/me dicaid/fe_abd.ht m

Who are MECM Assistors?

- MECM Assistors can be any of the following:
 - Facilitated Enrollers for Aged, Blind, Disabled (FE-ABDs) (December 2025)
 - Certified Application Counselors (work with NYSOH) (Soon)
 - Navigators (work with NYSOH) (Soon)
 - Others! (A little later)
- MECM Assistors must complete an online training and be certified by the Department of Health before assisting consumers.
- Once certified, MECM Assistors can:
 - help consumers with their applications on MECM
 - help consumers with renewals on MECM
 - help consumers with other case actions
- As of December 17, there are 90 MECM Assistors. (See next slide.)
 - And the list continues to grow! More are added almost daily.





Q&A



THANK YOU

More information at nylag.org









